



City of Santa Barbara

PLANNING COMMISSION SUBMITTAL COVER SHEET

Date: _____
Fee: _____
Staff: _____

(For All PC Submittals– Initial Filings Also Use Master Application)

DATE: _____

MST #: _____

PROJECT STREET ADDRESS: _____

CASE PLANNER: _____

DATE OF LAST SUBMITTAL: _____

ADDITIONAL COMMENTS: _____

REVIEW REQUESTED

(Staff Only)

PRT SUBMITTAL

☐

DART INITIAL SUBMITTAL

☐

DART RESUBMITTAL

☐

PC SUBSTANTIAL CONFORMANCE DETERMINATION

☐

MISCELLANEOUS INFORMATION

☐

☛ 10 copies of plans required at time of submittal. (Plans for resubmittals may vary.)

☛ Please note that ABR & HLC submittals require separate applications.

NAME OF PERSON TO CONTACT: _____

ADDRESS: _____

_____ ZIP CODE: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT: _____